

MONTANA VETERAN'S LONG TERM HEALTH CARE NEEDS SURVEY (August 2006)

Survey Purpose

The 59th legislature requested the Department of Public Health and Human Services conduct a Veterans' Long-Term Health Care study/analysis related to state veterans' long-term care needs. The legislature directed that the analysis should assess the demographics of the Montana veterans' population, including the number and age of veterans in each county and the type of long-term care needs of this veteran population. This long-term care assessment must include evaluation of the need for nursing home, domiciliary, and Alzheimer services as well as various types of community and in-home care. The study must also evaluate existing state veterans' home services and configuration of those services with respect to the needs identified. The results of the study are to be reported to the Legislature in September 2006.

This survey questionnaire is directed at veterans and will be one of the components used in this analysis to assess the need for long term care services for veterans in Montana. If you are filling the survey form out on behalf of a Veteran family member, please answer from the perspective of the Veteran.

DEMOGRAPHIC/GEOGRAPHIC DATA:

Are you a veteran?

Yes _____ No _____

Are you the spouse a Veteran?

Yes _____ No _____

If No, do you have a veteran in your immediate family? Yes____ No____

If Yes, what is your relationship to the veteran: _____
(Son, daughter, brother, sister etc.)

1. Gender:

____ Male _____ Female

2. Age of Veteran:

____ 25 - 35 years _____ 36 – 45 years

____ 46 – 55 years _____ 55 – 64 years

____ 65 – 74 years _____ 75 – 84 years

____ 85 years or older

3. Marital Status of Veteran:
☐ Single ☐ Married
☐ Widowed ☐ Widower
4. How many years have you lived in Montana
☐ 0- 5 years ☐ 11- 15 years
☐ 6- 10 years ☐ 16 years -20 years
☐ All your life
5. In what County in Montana do you currently reside and what is your ZIP code:
County _____ ZIP code _____
6. In which branch(s) of the military did you serve:
☐ Army ☐ Air Force
☐ Navy ☐ Marine Corps
☐ Coast Guard ☐ Merchant Marine
☐ National Guard ☐ Other _____
7. What is your Race:
☐ White ☐ Native American
☐ Hispanic ☐ Black or African American
☐ Other _____

SERVICE NEEDS ASSESSMENT:

1. Do you have a service-connected disability?
Yes _____ No _____
2. Do you have a disability that is not service-connected?
Yes _____ No _____
3. In your daily life do you receive help with any of the following activities?
(Check all that apply)
☐ Bathing
☐ Dressing or grooming
☐ Assistance using the bathroom
☐ Getting in or out of bed or a wheelchair
☐ Assistance with medications
☐ Eating
☐ Cooking or meal prep
☐ Other assistance, please specify types of assistance you need.

4. Are you currently using any of the following services? (Check all that apply)

_____ Physical or occupational therapy
_____ Assistance with medications
_____ Personal care services like cooking, laundry, bathing, toileting, eating or dressing
_____ Transportation
_____ Home health/private duty nursing care
_____ Adult day care
_____ Meals (Congregate or Home delivered)
_____ Assisted living facility/personal care facility
_____ Nursing Facility services
_____ Alzheimer support services
_____ Other, Please specify _____

5. If you are receiving any of the services listed above, who is providing those services to you: (Check all that apply)

_____ Spouse
_____ Other family member
_____ Friends or neighbors
_____ other, please specify _____
_____ Hired Care Attendant
_____ Care Agency
_____ Medical Facility

6. Do you need long term care services (such as those identified in question 4 above) that are not currently available to you where you live?

No _____ Yes _____

If Yes, which service or services:

_____ Nursing Facility Care
_____ Retirement Living
(Independent living)
_____ Alzheimer's support services
_____ Other _____
_____ Assisted Living Facility
_____ In-Home Care
_____ Adult Day Care
_____ Mental Health Services

7. If you don't need long term care services currently, how soon would you expect that you might need to access these services.

_____ Within 6 months
_____ 6 months to 1 year
_____ 1-5 years
_____ More than 5 years

8. If you couldn't care for yourself at home, where would you most likely expect to go to access long-term care services?

_____ State Veterans Facility (located in Columbia Falls/Glendive)
_____ VA health care facility
_____ Nursing Facility- Located in your community
_____ Nursing Facility- Locate in another community
_____ Assisted Living/Personal Care Facility
_____ Retirement Housing
_____ Family/Friend's House
_____ Other
_____ Don't know

9. If you had to leave your community to access long-term care services, what other Montana community would you most likely relocate to? If there is more than one community please indicate which would be your 1st, 2nd or third choice in relocating.

_____ Billings	_____ Helena
_____ Bozeman	_____ Havre
_____ Butte	_____ Kalispell
_____ Columbia Falls	_____ Lewistown
_____ Glendive	_____ Livingston
_____ Glasgow	_____ Miles City
_____ Great Falls	_____ Missoula

Other _____

10. What are some of the reasons that you would select the communities that you listed above in response to question 9 to relocate to?

FUNDING DATA:

1. Assuming that both were nearby and offered the same level of care at the same cost to you, which would you choose for your own long-term care, a facility that serves only veterans or a facility that serves both veterans and non-veterans? (Check only one)

_____ Only veterans
_____ Veterans and non-veterans
_____ No preference/don't know

2. If you needed long-term care and the cost to you were the same, which would you prefer, being in an official state veterans' home or being able to stay close to your community or family? (Check only one)
- _____ Official state veterans' home
 _____ Close to community/family
 _____ No preference/don't know
3. If the designated state veterans' home cost you only half as much as care close to your community or family, would you still prefer to stay near your community or family?
- _____ YES _____ NO
4. Montana has two state operated veterans' nursing homes, one located in Columbia Falls and one in Glendive. If you were to choose a state veterans nursing home for your long term care, which would you be most likely to choose and why?
- _____ Columbia Falls _____ Glendive
 _____ No Preference Don't know

Why _____

5. Would you use a state veterans home if the facility was located within two (2) hours driving distance from your home?
- _____ Yes _____ No
6. If an additional state veterans nursing facility was to be constructed, where should it be built to address the greatest number of veterans who are in need of this service. (If there is more than one community please indicate which would be your 1st, 2nd or third choice).

_____ Billings	_____ Helena
_____ Bozeman	_____ Havre
_____ Butte	_____ Kalispell
_____ Livingston	_____ Lewistown
_____ Glasgow	_____ Miles City
_____ Great Falls	_____ Missoula

_____ Other (reason why) _____

7. If additional funding were to available, which would you view as the best use of state funds: (Check only one)

☐ Continue to provide funding for care of veterans in one of the two existing State Veterans Homes (Glendive, Columbia Falls)
☐ Build additional state-operated veteran's homes somewhere else in Montana
☐ Provide funding to care for veterans in their own homes and communities
☐ Develop assisted living/retirement living housing options for veterans
☐ Develop more Alzheimer's support services
☐ Develop more mental and behavioral health services
☐ Don't know
☐ Other (please specify)

8. Do you currently qualify for or have any of the following sources of funding for you health care needs? (Check all that apply)

<input type="checkbox"/> Medicare	<input type="checkbox"/> Long Term Care Insurance
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Veterans Health Care Benefits
<input type="checkbox"/> Aid and Attendance	<input type="checkbox"/> Private Health Insurance Coverage

Other Comments:

If you have other comments or issues that you would like to bring to the States attention please indicate below:

Thank you for your time in completing the survey. If you have questions concerning this survey or would like additional copies please contact the Senior and Long Term Care Division at (406) 444- 4077.

Please return completed survey by **August 25, 2006** to:

Montana Veteran's Long Term Health Care Survey
Senior and Long Term Care Division
P O Box 4210
Helena MT 59604-4210